



COCONINO COUNTY
Parks & Recreation Department

HC 39 Box 3A

Flagstaff, AZ 86001

(928) 774-5139

FAX: (928) 774-2572

PEAKS VIEW COUNTY PARK ATHLETIC FIELDS
SEASONAL USE REQUEST FORM

League Name _____ Team Name _____

Contact Name _____ Title _____

Address _____ Zip Code _____

Daytime Phone _____ Fax _____ E-mail _____

Type of organization (*please circle one*): Not for Profit
If Not for Profit, please provide proper documentation.

For Profit

Type of use (*please circle one*):

Soccer

Baseball

Softball

PRACTICE

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Start Time							
End Time							
Start Date							
End Date							

GAMES

Day	MON	TUE	WED	THU	FRI	SAT	SUN
Dates							
Times							

Please return this form in-person or by mail or fax to Coconino County Parks & Recreation, Attention: MELISSA BUCHANAN

NOTHING HEREIN CONSTITUTES A CONTRACT OR AGREEMENT